Crystalline Infinity Circuit™

Table of Contents

Definition of Love

Love is a fascinating paradox. On one hand it appears universally regarded as a key aspect of life, an incredibly positive experience, but on the other humanity lacks a universally agreed upon definition of what it is, how to obtain it, or how to maintain it over time. The factors involved for consideration change by era, generation, culture, local perceptions and even by individual experience as a person ages.

This is unacceptable.

However, I believe that acquiring a universal definition of love is entirely possible and propose it be determined by cross-examining the 3 possible ways of defining love with the 3 levels of the self, categorized in the Mechanism section as the V-O-A Layers. These 6 are: the subjective, the affective and the original experience compared to the conscious, the subconscious and the bodily states respectively. As follows:

Subjective experience links to the conscious self, this is where love is an emotional state and thus where we see the greatest degree of variable in defining it as what provokes a certain emotion is entirely personal. Where one person might respond to chocolates as a show of romance another might prefer acts of service instead, and while one's feelings may be hurt by receiving the wrong gesture a person can still choose to respond with a positive emotion.

Affective experience links to the subconscious self, this is where love is a felt state and thus where an alignment in perception begins to form across the board with love considered to be a highly coveted, positive experience. But the stimuli that trigger a rewarding feeling may still vary greatly. For example; almost universally a person reacts to injury with the instinctive self preservation signals known as pain, however there is still deviation by those who perceive pain as pleasurable and thus rewarding. Therefore, this level is not suitable for obtaining a truly universal definition.

I propose the "original experience" that acts as an unconscious guideline links to the body itself, as in the very first state of being for a fetus before stimulation is registered. Homeostasis. At this point there is only what is, and thus what is closest to optimal, before disruption enters the system; after which the development of personal experience grows subjectively. But at the very root of the paradox of love lies a very simple solution. There is homeostasis, the ultimate reward state, and disruption, which is physically considered to be optimal only for the brief period of time for the self protection strategies required to return to that state once more. By grounding "love" into this absolutely fundamental state of the body humanity should be able to achieve the desired outcome, a universally acceptable definition for what love is that stands regardless of the plethora of subjective variables.

Thus, my proposed definition of love is that it is the subjective perception of positive stimulation rooted in the biological state of homeostasis. Or for simplicity - love is a state of homeostasis.

An important side note; communication needs to shift around how love discussed and viewed. The mind listens, absorbs and acts in accordance to what it hears, especially from forms of entertainment media. "I love them *but*…." Is a dangerous sentence. It implies that the application

of time/care/effort/attention/etc = love which leaves people wondering why love invested in another person is still not good enough. And since the old message that “love is all you need” remains pervasive I believe that this has led to a negative association with the word love itself, not just other people, as revealed by a trend of musical lyrics.

But if love is the result of a specific set of steps that leads to a healthy circuit, supporting both participants, and time/care/etc falls under Triage efforts instead, then it would be wise to consider switching phrases like “I love X” to “I care about X”. This allows for the understanding that one can actively care for a partner/family member yet fail to attune with them, in this case homeostasis (as love) was not achieved and the focus of correction ought to be on what part of the circuit failed. This would promote constructive feedback rather than disavowing love itself.

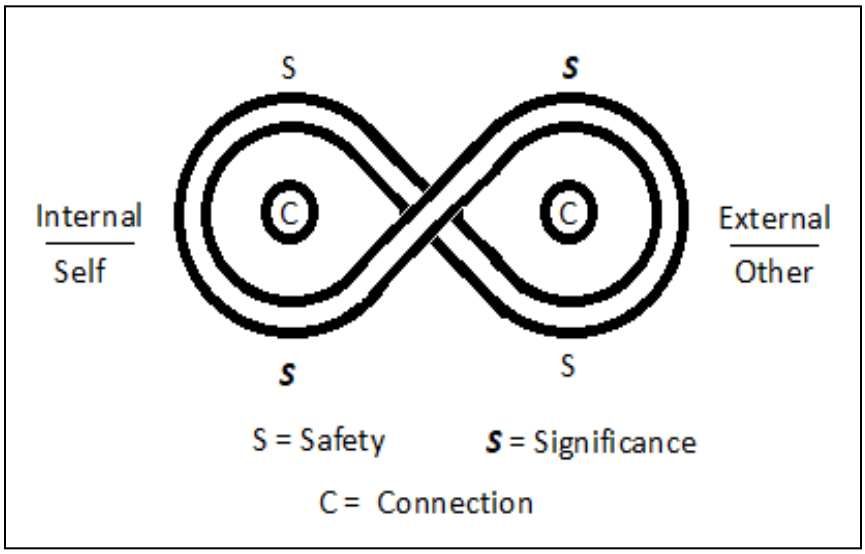
The Model

Linearly speaking there are 3 basic needs that must be filled in order to create a “state of love”, however like most of this project that statement is highly subject to perspective. Thus, I offer 3 models to be used in whichever context is the most relevant for further discussion or corrective action.

The simplest model is this. As a system can only exist in either homeostasis or entropy, at any point in time there are only those two states to consider, and if a person is not within a state of love then they are lacking in fundamental safety. This puts them at a greater risk for deterioration of their emotional, mental and physical states. Additionally, they are a risk to those around them in that their dysregulation affects not only the stability of others directly through affective biofeedback but the broader environment through harmful choices. Therefore, all reasonable attempts should be made to correct this state for the sake of the individual and the collective. By making it clear that a vast majority of expressions outside of a state of love are reactions that are rooted in fear, the initial response when faced with a dysregulated person ought to be empathy and care instead of becoming defensive or aggressive. This is healthier for the caregiver as well.

The linear model is this. Safety, connection and significance are all required to create an experience of love and if one of these steps is missed then the resulting hollow illusion becomes addictive rather than growth sustaining. For example, the concept of self-love is one such common illusion; while it has practical applications in a non-linear model it is simply not a sustainable option for the long term. If someone is placed in isolation for the rest of their lives self-love is not sufficient for countering the resulting deterioration. Humans were designed to exist as social animals and require biofeedback from others in order to maintain an internal state of homeostasis, hence Connection is the second need. For most of this project when I am referring to the “3 Basic Needs or Steps” this is the model of which I am speaking. The linear model is essential to combine with the Diagnostic Lens that follows for a broad scope assessment of humanity’s unmet needs, revealing how ancient and widespread this problem has been.

The non-linear model takes a closer look at the needs themselves, primarily the need for Connection, and shows how the 3 needs break into 4 parts, which reveals that there are technically only 2 needs in dynamic relationship. This is useful for targeting a more effective treatment method when expanding into Triage and for narrowing the conversation when discussing other applications. The Connection need can be broken down as follows, physical (tangible) and emotional/mental (intangible). Physical connection through such methods as touch, eye contact, and verbal communication; emotional connection through such methods as active listening, compromising, and supporting/rewarding the other via appropriate methods. From this perspective both can then be renamed two ways; physical connection as co-regulation and Safety, and emotional connection as attunement and Significance. The reason that this model becomes non-linear is that Connection is now positioned externally creating the process of giving and receiving Safety (Co-regulation) and Significance (Attunement). As shown below:



This non-linear model shows how connection is essential to our well being, countering a toxic wave of “self love” and “independence” messaging viewed as the primary answer to personal wellness. Additionally, it shows that the needs have an internal and external component thus expanding on treatment options. The ability to internalize significance is as important as the ability to receive it, otherwise a person may constantly seek validation without achieving a state of love. The nature of the circuit is one that gives as well as receives; a positive marker for a functioning circuit is the reduction of hoarding resources and the willingness to give freely. However, it should be noted that the proper order of the circuit remains; receiving, internalizing, and then giving. Just as a baby cannot regulate its own temperature, one unaccustomed to love must learn what it is in order to offer it in return.

The Lens

The Model of Love can now act as a Lens with which to view the world and through it I realized that several major domains are directly linked together as various expressions of the same 3 step pattern.

Utilizing 8 pre-existing models in combination as a new diagnostic framework provides a plethora of benefits, most notably the decreased need for additional time and funds to create an entirely new system and test it before deployment. Many models below already have their own pre-existing testing methods that could be used separately to assist in determining the most pressing need of an individual, and combining those into one large format ought to be reasonably achievable. Which opens up yet more benefits such as aiding in avoiding internal bias during self reporting to see how an individual actually scores across the board instead of just one subject. For example, this diagnostic framework hints that the current data for Securely Attached, 4th quadrant, individuals is *severely* overstated at 50-65%.

Additionally, this lens provides two major advantages, the ability to view the scope of dysregulation across the globe currently and across the history of humanity. For the current impact; most of these models have their own list of negative effects linked to each category, offering commonalities but also *differences* that can be compiled to allow a more accurate diagnostic review of symptoms, which can be applied not only individually but also across countries and globally. This would allow 2 things.

Firstly, the ability to see a majority of cultural and mental health issues alike as a sign of dysregulation by creating a directly linked chain of causality between each of the three steps and their macroscopic socioeconomic affects through allostatic load. Instead of tackling issues with: education, medicine, politics, environment, etc directly like heads of hydra humanity now has the ability to cut through the white noise straight to the source; individual human suffering. For example: chronic stress from dysregulation has been proven to link to increased physical health issues, putting strain on the medical system which leads to burnout in staff. Similarly chronic stress in children has been shown to reduce learning capacity, creating friction between students and teacher that produces burnout in both, and reducing the amount of higher educated graduates for the workforce years later.

Secondly, this provides the ability to envision the scope of *improvement* once such concerns are considered to be treatable as symptoms of dysregulation rather than “lacking human character” or “broken systems”. Allowing corrective measures to be directed accordingly. A sustainable plan for the future could now focus on supporting population-level regulation by ensuring access to fulfillment of the three basic needs, and thus naturally eliminating the resulting dysfunctional consequences. One such example could be following my proposed action plan Root of the Roots to make simple but effective changes immediately, resulting in a compounded effect over time.

In order to begin building a foundation of clarity for this diagnostic framework 4 of the 8 pre-existing models are grouped together below. Construct overlap is utilized in order to examine expressive commonalities and establish pattern recognition habits. This will begin to train the mind to triangulate regulatory position within the Model of Love for the 4 remaining pre-existing

models that will follow and potentially others not listed in this paper. Two of which will be presented in the Bridge section as they build on this foundation to lead towards the physical mechanisms that underly, and thus unify, them all cohesively. The first 4 are:

1. Marisa Peer's 3 Root Causes, "I am not enough", "X is not available to me", and "I am different (I cannot connect)."
2. The 4 attachment styles: Secure, Anxious, Avoidant and Disorganized – "Attached. The New Science of Adult Attachment" by Amir Levine & Rachel Heller.
3. The 4 personality types: Sanguine, Choleric, Melancholic, and Phlegmatic - "Wired That Way" by Marita Littauer.
4. The 4 Temperaments: Extraversion, Introversion, Ambiversion, and Omniversion. The first 3 are formally recognized ("*Psychologische Typen* / Psychological Types" by Carl G. Jung and "a Paper" by Edmund S. Conklin (1923)) but the last 1 is not, it apparently emerged by public opinion forming their own "missing" category.

Placing each of the 4 steps alongside their model equivalent creates distinct quadrants:

1. Safety - X not available, Avoidant, Choleric, Introversion
2. Connection - I am different (Cannot connect), Disorganized, Melancholic, Omniversion
3. Significance – I am not enough, Anxious, Sanguine, Extraversion
4. Love – None, Secure, Phlegmatic, Ambiversion

The first quadrant is a minimization reality. The internal operating state is collapse-avoidance and safety hoarding; this is a survival life-state.

The second quadrant is a push–pull reality. The internal operating state is trauma-bonded survival cycling; this is the oscillating "need you / fear you" life-state.

The third quadrant is a prove-your-existence reality. The internal operating state is mobilized survival striving; this is the "If I am alone, I disappear" life-state.

The fourth quadrant is not automatically perfection and can be mislabeled as lazy, unambitious, or unmotivated. The internal operating state is Not driven by survival; this is a "move by choice, not by threat" life-state.

These quadrant breakdowns link an individual directly back to the predominant need which governs a wide variety of their behaviors in order to prioritize it for corrective action. I do insist that the entire Model of Love must flow in a proper circuit in order to complete treatment successfully, as there is no clean divide wherein a person needs only one thing or another. See the Scaling section below.

The second major advantage to combining these models is that it reveals a historical facet of interest, that this framework links directly to models that are over 2,000 years old. Thus, the pattern this framework is built on has been repeatedly re-discovered over the course of

thousands of years by various professionals in different fields as the same root system of human behavior.

Before the next 2 pre-existing models are added first consider the 4 personalities above in their original context. Starting with Galen (129–c. 200 CE) who took Hippocrates's work and organized it into the four personalities shown above: Sanguine, Choleric, Melancholic, and Phlegmatic. Then to Hippocrates (c. 460–370 BCE) who proposed that human health and behavior were governed by the balance (or imbalance) of bodily fluids called humors: Blood, Yellow bile, Black bile, and Phlegm. This already gives a scale of time and cross discipline even before including Plato (c. 427–347 BCE), who in *The Republic* described three parts of the soul: Rational, Spirited, and Appetitive in an attempt to categorize human experience and motivation.

Plato's model is of particular interest because it links to both my Model of Love directly and to the quadrants listed above depending on if the perspective is a soul in alignment or in competition with itself. At first glance it doesn't seem to match either:

1. Rational - Truth, wisdom, judgment. This aspect is understood to: reason, calculate, seek truth, and apprehend what is genuinely good.
2. Spirited - Honor, courage, moral emotion. This aspect governs: emotion, moral passion, righteous anger, pride, indignation, loyalty, and the drive for honor and recognition.
3. Appetitive - Bodily desire, pleasure, material craving. This was the most difficult to match as it is the seat of bodily cravings, material desires, pleasures, and impulses.
4. Justice (dikaiosynē) in the soul – harmonious, self-controlled, brave, consistent, inwardly ordered. Which Plato defines as:

Each part doing its own proper work, and not interfering with the others.
— Republic IV, 433a–434c

It takes digging into these 3 parts deeper and comparing them to the diagnostic framework foundation started above to find the commonalities. Then rearranging the order by comparing it to yet another ancient methodology, the modern seven-chakra system that derives from classical Indian Tantric and yogic traditions (c. 500–1200 CE). Specifically to place Appetitive properly, as follows:

1. Rational - Root (Mūlādhāra). When a person is lacking in safety they can revert to a very analytical mind.
2. Appetitive - Sacral (Svādhiṣṭhāna). This one is "of the body", connecting with the world through *sensuality* of a non-romantic nature: touch, taste, hearing, etc.
3. Spirited – Solar Plexes (Maṇipūra). The seat of the emotional "self", personal worth and honor.
4. Justice - Heart (Anāhata). The ideal result of the former three in alignment flowing freely in self harmony.

A great many intelligent and distinguished minds are now pooled together to reveal the same pattern time and again, a universal concept of love and how to reliably achieve it in 3 simple steps.

Not necessarily easy, but simple. I consider it time that we stopped trying to understand it from different angles and start applying the wisdom of those who came before us. Humanity has reached the turning point at which we can now reliably solve what is potentially *the* oldest scarcity problem, as proposed in the Root of the Roots action plan. The ability to offer love not as a romantic strategy, but as a structural nervous system optimization process as shown below in The Bridge section when unpacking the 7th and 8th pre-existing models, in the Mechanism section and in the Tracking Recovery section.

One final mention for additional consideration as a future exploratory project is the concept of human behavior being driven by something underneath even this pattern, from:

- Safety → Co-regulation
- Significance → Attunement

To a substrate beneath both; existence-verification behaviors.

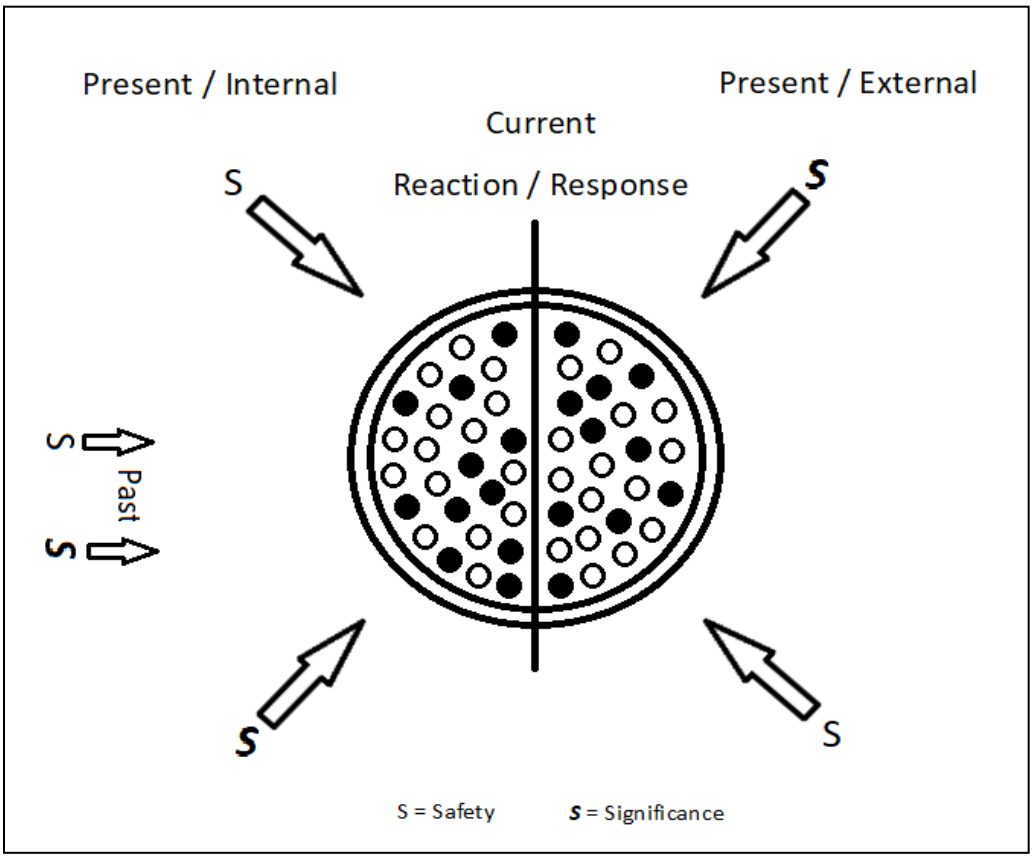
If someone cannot achieve an attuned response, such as a display of sadness that provokes caregiving actions, over time they may be reduced to provoking an identical emotional response instead. Such as anger provoking anger, or sadness generating sadness, which proves “you are affected by me”. This may be the mechanism behind the old saying “misery loves company”. Because being causally real is the minimal proof of existence as a mind much like the ability to interact with the world physically with some measure of control is causal proof of physical existence. Which may be the reason behind OCD control behaviors, not just seeking control for safety’s sake in what is considered unsafe chaos but a need to affect physical reality in a person who feels disconnected from reality itself.

This additionally opens the possibility that emotional states may be intentionally provoked as a need to re-learn the emotional spectrum “language”, as that is not something humans are born with. Prolonged exposure to deeply dysregulated states may cause a need to re-learn the range difference between anger and rage or sadness and despair etc, in order to attempt self regulation.

The Scale

With the 4 Quadrants having been established along with which basic need each exposes as an individual's priority for treatment, it is necessary to acknowledge that no human being fits nicely into a box no matter how well established the diagnostic framework's pattern has proven to be. This is because each moment is a fluid, reactive thing and while a person can have a predominant need all of them must be met in order to complete a proper circuit for love to flow. Thus, requiring a shift from using the Model of Love as broad Lens to now zooming in on how the needs directly affect moment to moment regulation, creating a Scale affect wherein someone may fluctuate within or even cross quadrants depending on the circumstances involved.

Consider this diagram:



It displays a singular moment of time and the considerably dynamic forces influencing it. For this conversation I am using the non-linear Model of Love, wherein only Safety and Significance are shown as affective with the Connection need being considered the successful balancing of them. To support this, consider how failure to can leave a person feeling alone among family, yet success can have a person *feeling* connected while being entirely alone in their environment (temporarily at least).

Within every singular moment a human being must contend with both the external circumstances and their current internal state, which is heavily influenced by their past conditioning. For example, a mistake at work may trigger a decrease in external Significance stability which then impacts internal Safety signals due to past history linking a lack of Significance directly to danger. In which case affirming external Significance may not be the need most required to stabilize the individual as their internal state is one of lacking Safety instead. The extended map will be covered in more depth within the Triage section later.

This diagram shows three directions of influence acting immediately to produce a singular reaction at a singular point in time, and time itself is not static. Therefore, as each moment is subjected to the reinforcement or degradation of the needs required to maintain a state of love, homeostasis/regulation, a person can react within their predominant quadrant or from a variety of responses common to other quadrants instead.

This is the scaling factor that becomes increasingly necessary to acknowledge as individual treatment progresses because a person can begin to act from a quadrant entirely opposed to their "natural", or simply more common, behavior. But it is relevant even before personal assessment to improve the diagnostic framework into one that acknowledges humans as dynamic beings, and reinforcing why the unification of multiple models gives a more complete picture of each individual's state. For example: someone may claim a secure attachment style while displaying sanguine traits but having a history of omniversion. Which can show how within a single trusted relationship this person may be secure, but without their partner they slip into attention seeking habits, however they are not predominantly anxious but actually *disorganized* due to the push pull nature of their encounters. A far cry from the secure position their self reporting claimed. This is but one of many possible examples from following an individual across multiple models to expose their needs through a more diversly reflected testing system.

The Bridge

The final 2 of the 8 pre-existing models to be added to the diagnostic framework were grouped separately because their addition creates a Bridge that shifts this work into new territory; removing mental health from the realm of existential damage.

It's location as such has permitted mental health issues to be elusive in regard to: establishing a set standard that can be considered fully treated, factual tracking of treatment and recovery efforts that does not rely on self reporting, and the creation of a guideline between current condition and completion of treatment. It is my belief that a large portion of mental health stigma arises from these issues and the resulting sense of hopelessness surrounding the notion of "recovery" with it's currently agreed upon standards. People can attend treatment for years and continue to be hounded by ongoing / remaining issues while fostering fresh injury upon their social groups despite actively seeking aid. Medications are often viewed with blatant suspicion when a person must remain on them permanently in order to function and users often profess such things as being "unable to be happy" to friends and family.

Furthermore, an ongoing battle appears to exist even among professionals in the field as to what constitutes the ideal outcome of therapy. These range from arguments against a "perfect" human being that becomes invulnerable, which is logically accurate, to the claim that an individual's ability to remain stable despite constantly micromanaging multiple trauma shaped inner "selves" at a time is considered a healthy recovery. Something I blatantly disagree with and may have contributed to the concerning "I am broken and beautiful" media trend that, while seemly geared towards self acceptance and destigmatization, actually compounds a deeper underlying message of "recovery is impossible".

My own viewpoint may seem extreme but remains this: if a person had physical cuts on their body and refused treatment while proudly claiming "red is such a good color on me" it would raise alarms within their social group and society itself, and mental health symptoms ought to be viewed accordingly despite the lack of visible physical damage because they remain outward expressions of inner physical regulatory injury.

Yet mental health issues appear to be increasingly normalized as something a person ought to embrace instead of heal because they currently fall into such existential categories as personality or qualia. By linking many things such as addiction, depression and anxiety directly back to the nervous system a majority of mental heal issues can now be rooted deeply into the body itself, allowing them to be tracked and treated as a form of physical injury. This ought to combat the ongoing culmination of stigma by offering two powerful corrections; the tangible framework of this project and the resulting intangible effects of hope.

To accomplish this, I draw on the last two pre-existing models to place the 4 quadrants squarely in alignment with the human nervous system, then layer between that and the diagnostic framework foundation already created. First using the book "Accessing the Healing Power of the Vagas Nerve" by Stanley Rosenberg and then the 4F Trauma Response Framework that, like the

Temperaments, appear to have evolved over time as follows: Walter Cannon's (1915–1932) Fight or Flight, Hans Selye's (1936–1950s) Freeze / collapse, and Pete Walker's (2013–2018) Fawn.

I pair the Polyvagal Theory nervous system states with the linear Model of Love framework as:

1. Safety – Dorsal
2. Connection – Oscillation without achieving Ventral Vagal
3. Significance – Sympathetic
4. Love – Ventral Vagal

This aligns with the 4 quadrant descriptions outlined in the Lens section of this paper with ideal precision. However, that clearly does not align with the diagnostic framework holding the multiple pre-existing models together as far as behavior is concerned. An Avoidant style or Choleric personality is often perceived as strong and driven, not as predominantly withdrawn and shut down. Additionally Anxious styles, or Sanguine, are less inclined to to combative tendencies and are shown to be more susceptible to suffering from depression which is linked to dorsal activation. However, this does not disqualify Polyvagal Theory from blending with the diagnostic framework, it merely requires the addition of how each state is expressed through the 4 Fs to show how an individual responds from the position of their predominant need.

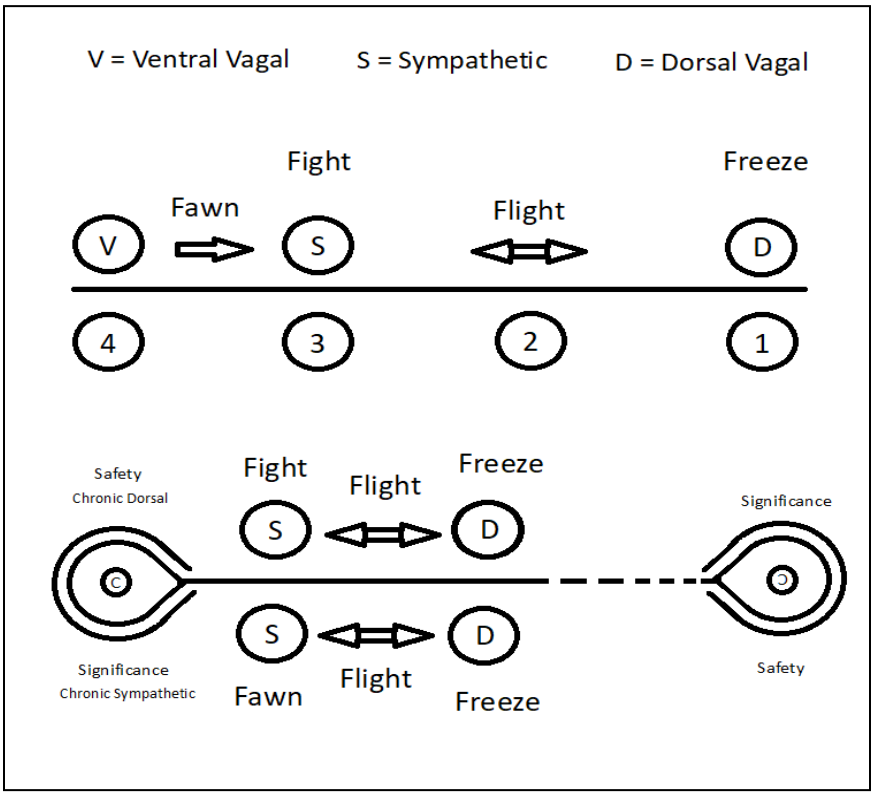
The non-linear model shows how the addition of the 4Fs Trauma Responses into the framework corrects that issue:

1. Safety – Fight/Flight - (An inward withdrawal can lead to Freeze)
2. Connection – Oscillation
3. Significance – Fawn/Freeze
4. Love – Social State

Here it is clear that both the Safety and Significance quadrants have a mobilization and shut down response as they both pass through Sympathetic activation into Dorsal collapse.

In plainer language: an avoidant personality on the high functioning side of the scale may appear independent and driven with strong leadership, but on the lower functioning side may come off as aloof, classically avoidant and increasingly withdrawn. Whereas an anxious personality on the high functioning side of the scale may appear social and outgoing while overly prone to fawning but on the low side of the scale may quickly descend into avoidance behaviors such as ghosting, struggling to leave the home and freezing.

For a visual reference consider this diagram:



Displayed here are the linear overlap of the Model of Love with the nervous system and the non-linear model expanded to add the 4 Fs system between the self and the other.

The most important fact to keep in mind is that the linear and non-linear models are both true at the same time - complimentary rather than competitive. The linear model shows the predominant personality quadrant, which then becomes the starting point of the individual's personal stress response journey. The non-linear model then shows how an individual moves through that exact same nervous system architecture differently because of their starting quadrant. Therefore, the simple Model of Love is revealed once more as there are only expressions of fear and love. One pathway, fear, becomes two pathways, Sympathetic and Dorsal, which can compound into one of the 4 quadrants. Thus, every quadrant is the expression of collected moments that occurred across a scale which decreases from a high mobility capacity for correction into a system collapse that hoards remaining resources. Thus, both views are valid and useful for improving humanity's condition.

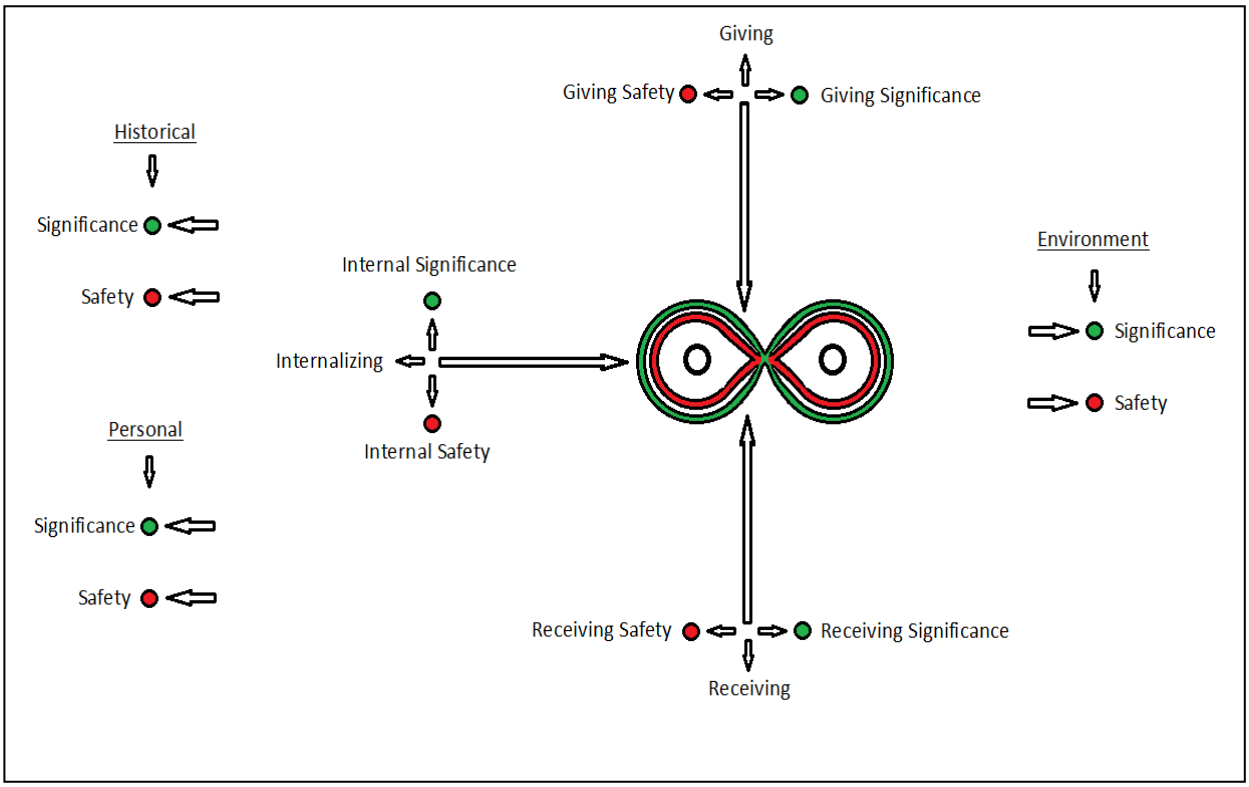
ChatGPT5.2 summarized it this way, "Safety-deficient systems preferentially mobilize through defensive sympathetic strategies and Significance-deficient systems preferentially mobilize through relational sympathetic strategies."

Triage

Disclaimer: this model is effective against incorrectly categorized “existential” issues that are actually bodily states tied directly to the nervous system but that does not mean effective implementation of the diagnostic framework will correct *all* currently categorized mental health disorders.

Because this project aims to reposition a majority mental health issues into the realm of physical treatment, declaring specific methods of correction could become a legal concern. Not to mention far too detailed and specific to any one individual to outline here without redirecting effort away from the intention of paper. Therefore, this section only offers Triage methods and will redirect towards other, currently functioning and effective tools for corrective guidance.

My only personal contribution to tools for correction would be this, that there are 12 parts in the Model of Love which combined as shown below create 15 locations that directly affect the performance of the circuitry. See the diagram below:



The stages of the flow are: receiving, internalizing and giving. The original Scale impacts are: environmental, internal (personal) and history. And the needs are: safety, connection, and significance. Thus, the areas this paper can directly affect are: receiving safety and significance, internalizing safety and significance, giving safety and significance – with the direction of flow acting as the connection need-, and personal history of safety and significance factors such as childhood trauma, neurological wiring, epigenetic markers of inherited trauma, etc. And then the

remaining areas that are still affective are: environmental safety and significance factors such as shelter, food, purposeful work, etc; and internal safety and significance factors such as health issues, physique, daily diet, etc.

Returning to the pre-existing tools; with the diagnostic framework established, a great many more works can now be seen attempting to highlight certain aspects of this pattern from different angles. 5 books immediately come to mind:

“How to Win Friends and Influence People” by Dale Carnegie shows quite distinctly how powerful love in action can be and how responsive people are to having their needs for focused attention (connection), validation (significance), and patience (safety during conflict) met. This book acts as an overview of how a solid system flow, when starting from a regulated baseline, could create positive impact through improved human behavior.

“The Go Giver” - by Bob Burg and John David Mann excellently emphasizes the necessity to both give and receive in a cycle as outlined in its “5 Laws”. Overall, it demonstrates the wellspring of benefit from functioning in a position of love and thus being able, and willing, to give.

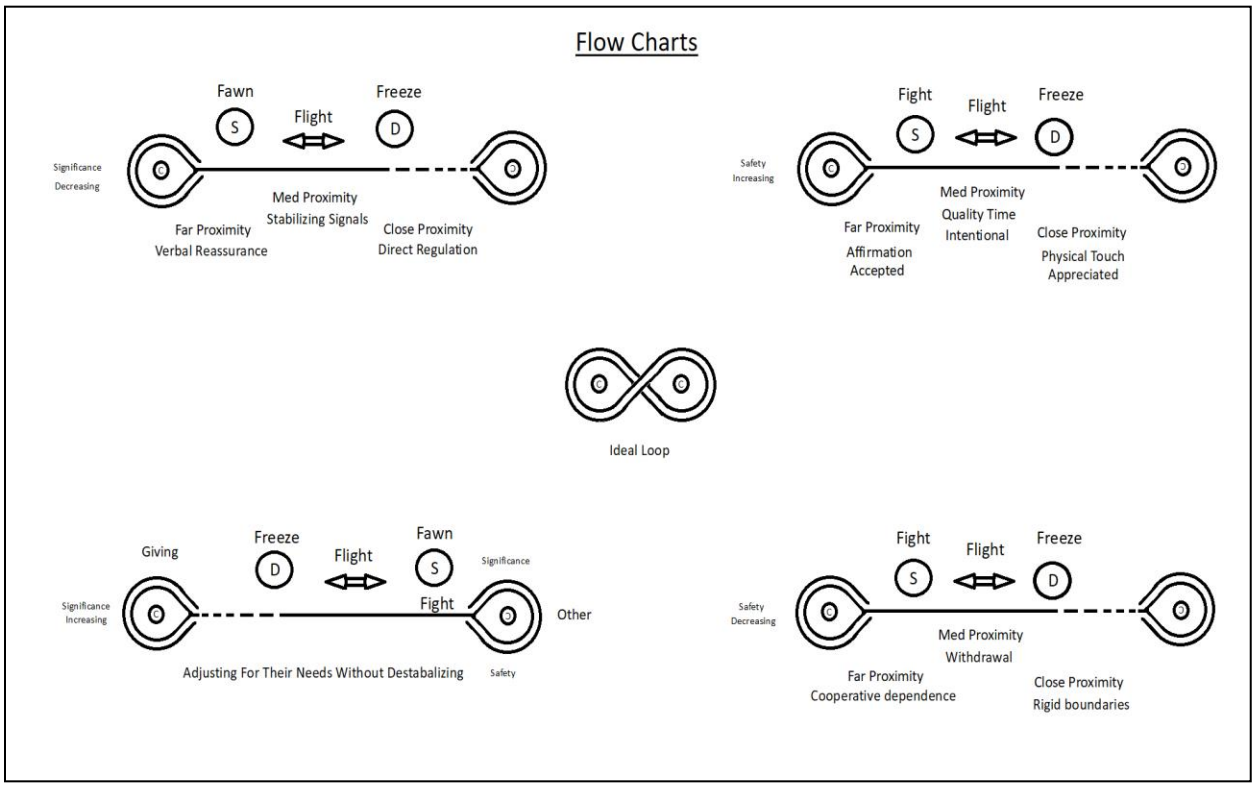
“The Power of the Other” - by Henry Cloud focuses on the influence of connection upon an individual, for better or for worse. He even directly names a “4 Corners” model that maps back to the exact same pattern of the diagnostic framework; Corner 1 with safety, Corner 2 with connection, Corner 3 with significance, and Corner 4 matches with the regulated state of love.

“Love and Respect” by Dr. Emerson Eggerichs - aided in developing the Bridge in the previous section, as it closely aligns with the non-linear model of 2 needs in relation. Of particular interest was his reference to “stepping on each other’s air hose”, which conveyed the felt severity of lacking a need. Here he posits what I call Significance and Safety primarily as gender orientated needs, though he does acknowledge that frame is not always true. His model is Christian based but has many examples of how to apply corrective reframing through his descriptive acronyms.

Finally, “The 5 Love Languages” by Gary Chapman is a wonderful demonstration of how care given to the wrong need does not restore a state of love, reinforcing the distinction between the two as noted in the Definition of love section. It also aided in building the diagrams for this section and offers great insight for how to correct the missing needs per an individual’s specific requirements as follows:

Words of Affirmation - matches Significance as love expressed through verbal appreciation, encouragement, and praise. Quality Time - matches Connection as love expressed through focused attention and shared presence. Acts of Service - matches Safety as love expressed through helpful actions that reduce burden. Physical Touch - matches the receipt of Safety through Connection as love expressed through appropriate physical closeness and contact. And Receiving Gifts – which is love expressed through tangible symbols of thought and care seems to blend all of the needs except perhaps Safety, which depending on the gift itself could be included.

Working with The 5 Love Languages revealed an aspect which aided in building the diagrams below; the concept of a preferred method of delivery for the needs which can correspond to the level comfort with which an individual responds to proximity. Words of affirmation, or verbal connection, acts as a long-distance medium. Quality Time, or focused proximity, acts as a mid distance medium, and Physical Touch acts as the closest medium interactions. This assisted with creating the Scale of Severity below that allows for the idea of engaging with a person through two distinct approaches and supports the Triage model below for how much care and effort a person may need on their path to recovery based on their quadrant. Consider the Flow Charts diagram here which highlights stress response loops for the 1st and 3rd quadrants:



The top two act as a mirror, showing how similar the recovery process for a safety quadrant individual is to the decline in safety for a significance quadrant individual. This highlights the idea that the quadrants function at different baselines regarding how they move through stress response, creating the need for a linear scale to place each non-linear model on as shown in the Scale of Severity diagram. The different responses shown on the Flow Charts above are as follows:

Significance decreasing: the ability to function independently at a distance through verbal reassurance collapsing into a need for the affective biofeedback signaling of close proximity, then further still into needing direct contact. Which indicates the greatest source of security is provided by physical touch.

Safety increasing: the preference for verbal connection can signal a need to remain at a distance until trust is earned, expanding into close proximity can then signal increased trust, with appreciation for physical touch representing highest display of trust gained.

Of interest to me is that this appears to be reminiscent of old courtship rituals, which may indicate conservative cultures with modesty norms and ritualized relational progression showed a deep or instinctual understanding of this process.

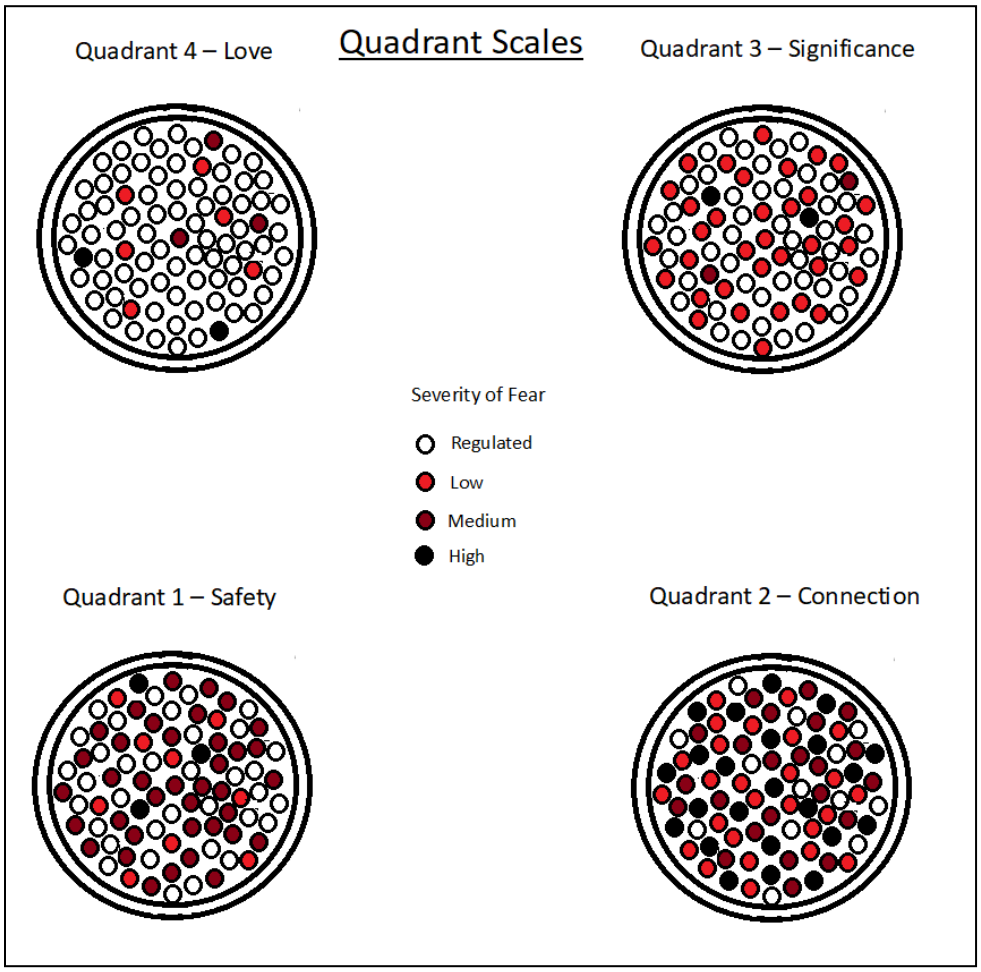
Safety decreasing: Through self-regulation of chronic stress loads the need for cooperative dependence creates a tolerance of proximity while mildly activated, but retreating physically and/or internally if needed, and collapsing into ridged boundaries for safety purposes.

A strong note of reference at this point would be on *accepted* physical touch. Numbing at the level of the skin to silently reject unwelcome touch would indicate an invasion of this process not an acceptance of contact, despite verbal or non-verbal consent freely given. An additional concern: if the individual themselves have lived like this habitually to the point they become unaware that platonic physical contact is biologically designed to feel rewarding, self reported testing could miss this symptom completely due to a lack of experience with this sensory process.

Significance Increasing: is not yet an ideal love circuit but signals a level of stability capable of reacting and responding to the needs of another in order to attempt the creation of one.

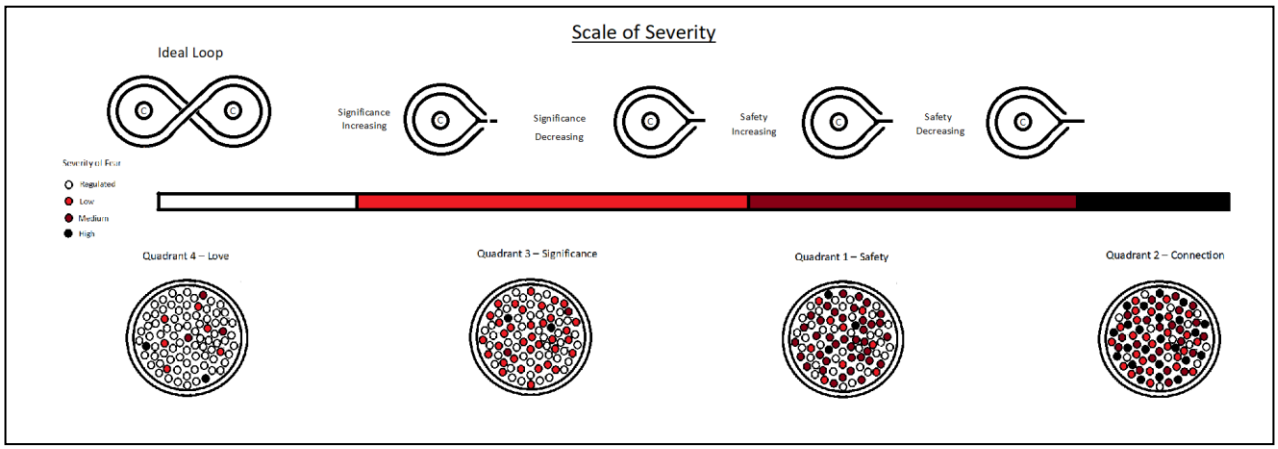
The second quadrant switches between those response models as it oscillates but represents a challenge in terms of severity because in a non-linear model it sits *between* both safety and significance. However, returning to a linear model shows that is not the case. The key difference is that the other quadrants may regularly achieve self regulation through healthy or maladaptive strategies, but the second quadrant largely does not. Dysregulation as the chronic baseline state is what relocates oscillating types further down the Scale of Severity.

Adding these concepts into the original Scale Diagram produces this frame of reference for the quadrants:



The Quadrant Scales diagram shows the collected weight of fear impacted moments that were experienced but not properly processed which then shifts the individual's baseline down the following Scale of Severity. This influences the starting point and corresponding Flow Chart model once the stress response is triggered anew.

Thus, for Triage purposes the Scale of Severity is:



This mapping becomes essential because these are three very different, reactive systems that must be approached based on their specific style of intervention, and approaching with the wrong style could rapidly escalate the situation.

Significance-deficient systems preferentially correct through relational strategies, with soft containment methods such as: guided grounding techniques, emotional narrative, etc. Prioritizing agency over containment.

Safety-deficient systems preferentially correct through defensive strategies, with hard containment methods such as: strong frameworks that limit options, trusted authority directions, withdrawal from stimulating environments, etc. Prioritizing containment over agency while still respecting it.

Oscillating systems may escalate in response to either strategy: the primary factor to keep in mind here is the push-pull dynamic, not strategically but *relationally*. It is not about soft containment vs hard containment methods so much as what the individual requires in order to bond with the specific authority in that moment. Thus, blending the methods to obtain containment through agency.

In all of these cases the Flow Charts diagram above shows how responsiveness to relational cues, such as verbal dialogue, can predict tolerance for physical containment and thus offers insight into which quadrant a person is operating from.

The Mechanism

Up to this point each section was built purely by pattern-based recognition which led to the discovery of the underlying, evolutionary Mechanisms shown here. I will begin with presenting what I call the Valence-Orientation-Activation (V-O-A) Systems and Layers, then show how they link directly to the previously established work.

At its core almost all "behavior" is determined by three simple systems: Valence - is the system stable or does it need something to acquire stability? Orientation - where can it get what it needs? Activation - does it have the energy to be able to obtain what it needs? The V-O-A Systems span from the bonding of atoms straight through to human behavior. The reason that the latter seems infinitely more complex results from a layered existence, and all of the hardwiring that comes with each layer. For this discussion there are 5 layers of human existence worth noting: molecular (DNA), cellular, physiological (bodily states), mammalian (social/emotional), and cognitive ("identity" and narration). Complexity arises from the fact that each of these V-O-A Layers has its own version of the V-O-A Systems internally, each layer can affect the others, and each has its own additional evolutionary hardware to contend with. I will not presume to list all of the possible factors involved with that hardware; my focus is on the V-O-A Systems and Layers themselves.

Because the first 3 layers are heavily intertwined and directly affecting one's DNA or cells is difficult, I combine them below into one physiological layer. For the mammalian layer I will use grids to show how all emotions are simply coordinates that map to the V-O-A Systems. This is the most effective layer to target for treatment as it directly affects the others both above and below. The layer of cognition, the seat of the "self" where narration and meaning making originate is typically the least effective layer for direct intervention but remains crucial because it has the ability to target and re-wire the systems for all layers if used correctly.

I will present several diagrams below. Within them:

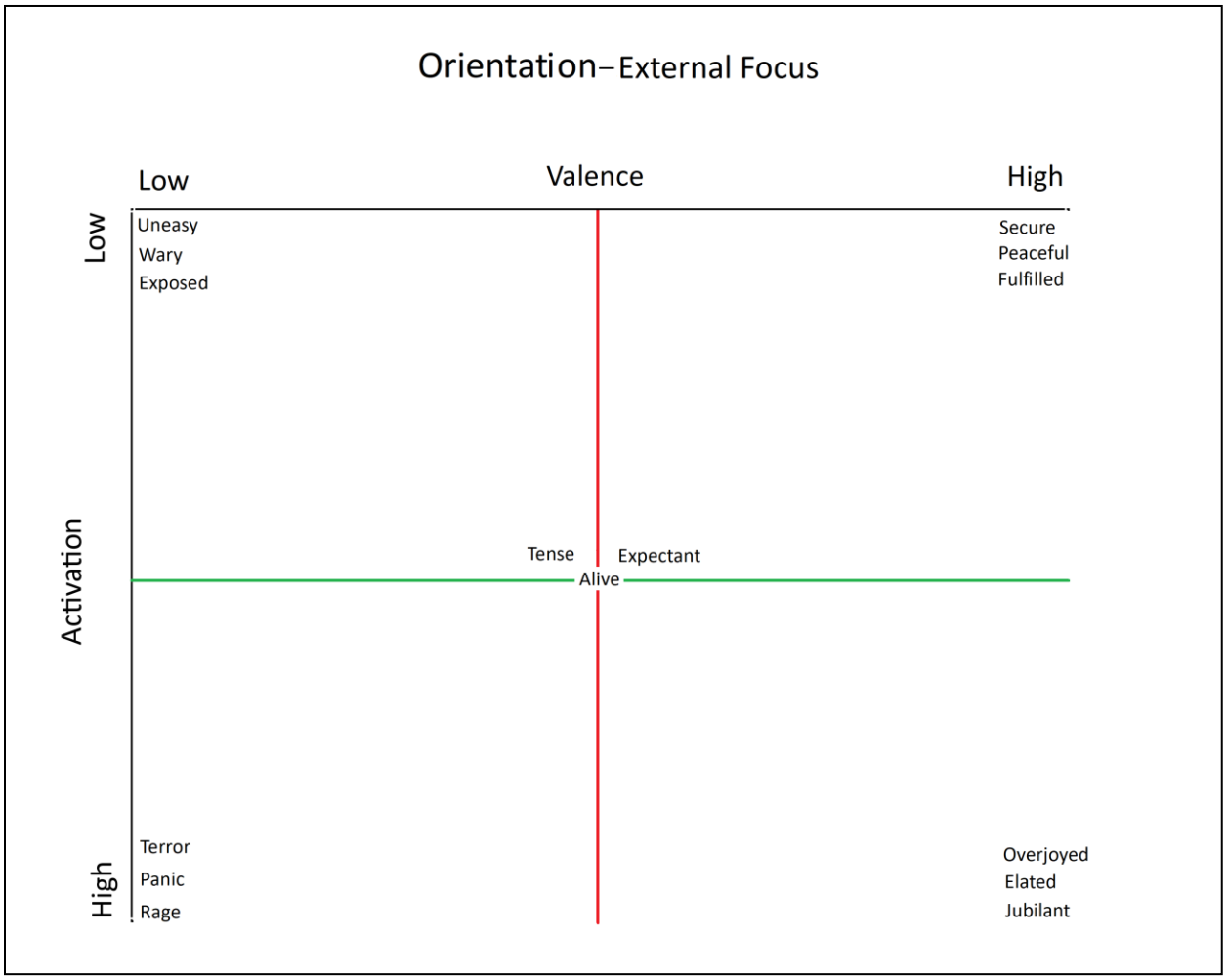
I use Valence as a measurement of safety rather than "pleasant vs unpleasant". With the highest degree of safety positioned to one side, the middle of the scale does not represent neutrality but rather a tipping point between safe and dangerous. I consider this like an increase of pressure or static. For example, consider a cliff's edge; walking closer to it increases signals of danger which a person might consider "thrilling" while safety on the ground but the line of the edge is firm. One step further tips the scales completely.

I use Orientation as either an internal or external focus rather than "approach vs avoid" due to the more complex layers of human experience. Avoidance is possible within the environment which remains an externally focused act, or through an internally focused withdrawal that can lead to a state of collapse. There are also occasional circumstances when focus can become "stuck" in between those two states.

Activation remains a scale of energy from low to high. The only variable from standard assumption here is that the bodily layer is capable of energy storage and thus the problem is not only what energy the system has available overall, but also what factors allow access to stored energy on demand.

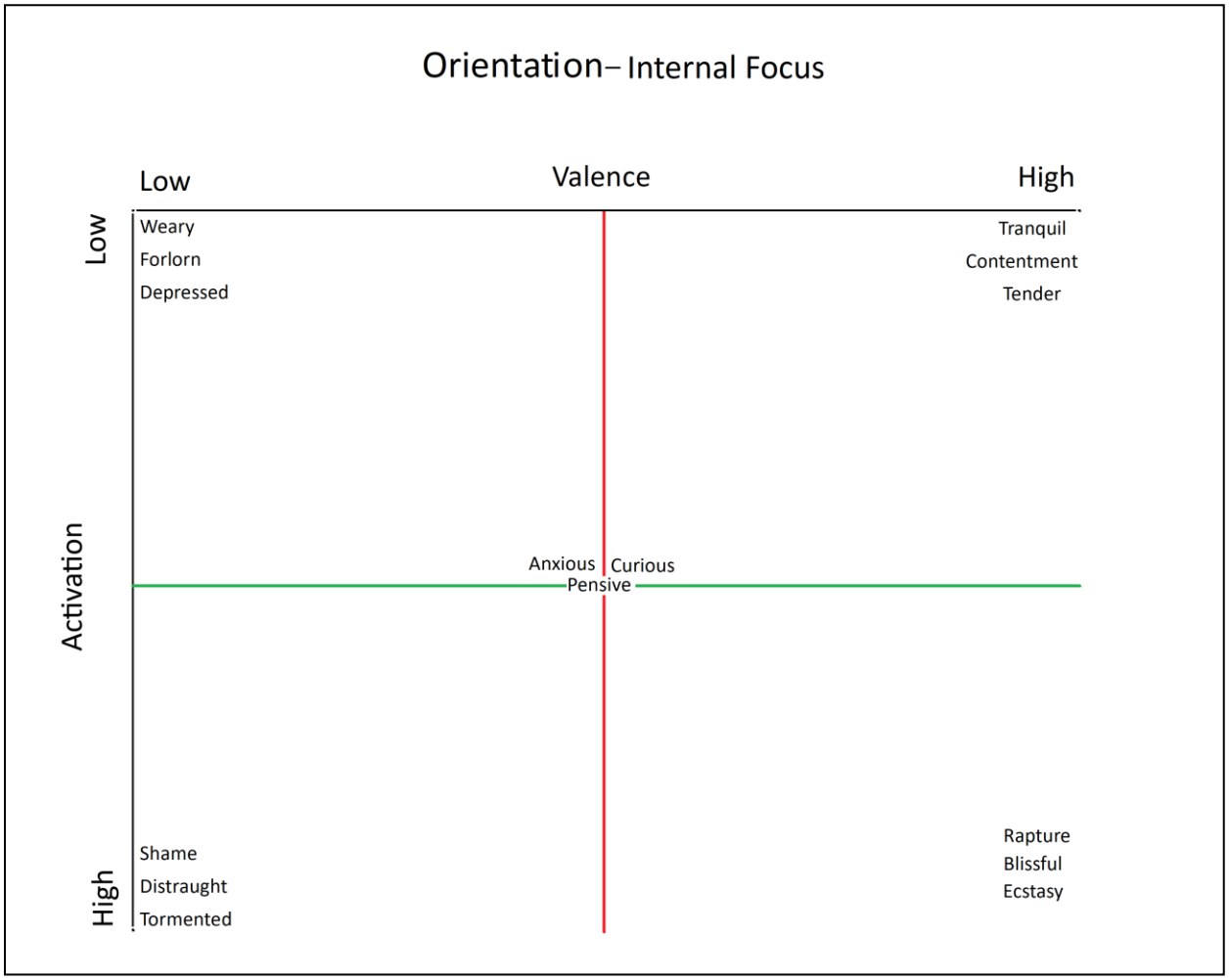
When charting each graph I requested ChatGPT assistance for selecting the words based purely on their coordinates to these axes as defined above, focusing on the four corners and the center point. An example being: Orientation – approach / external focus, Valence – low, Activation – high. From there I tested the presenting words for suitability to the coordinates in order to thin inaccuracies from the list before selecting the best matches. If a mathematical approach were used to rank the words I believe all emotion/feeling/mood-based words could be charted to a graph more precisely.

The first graph:



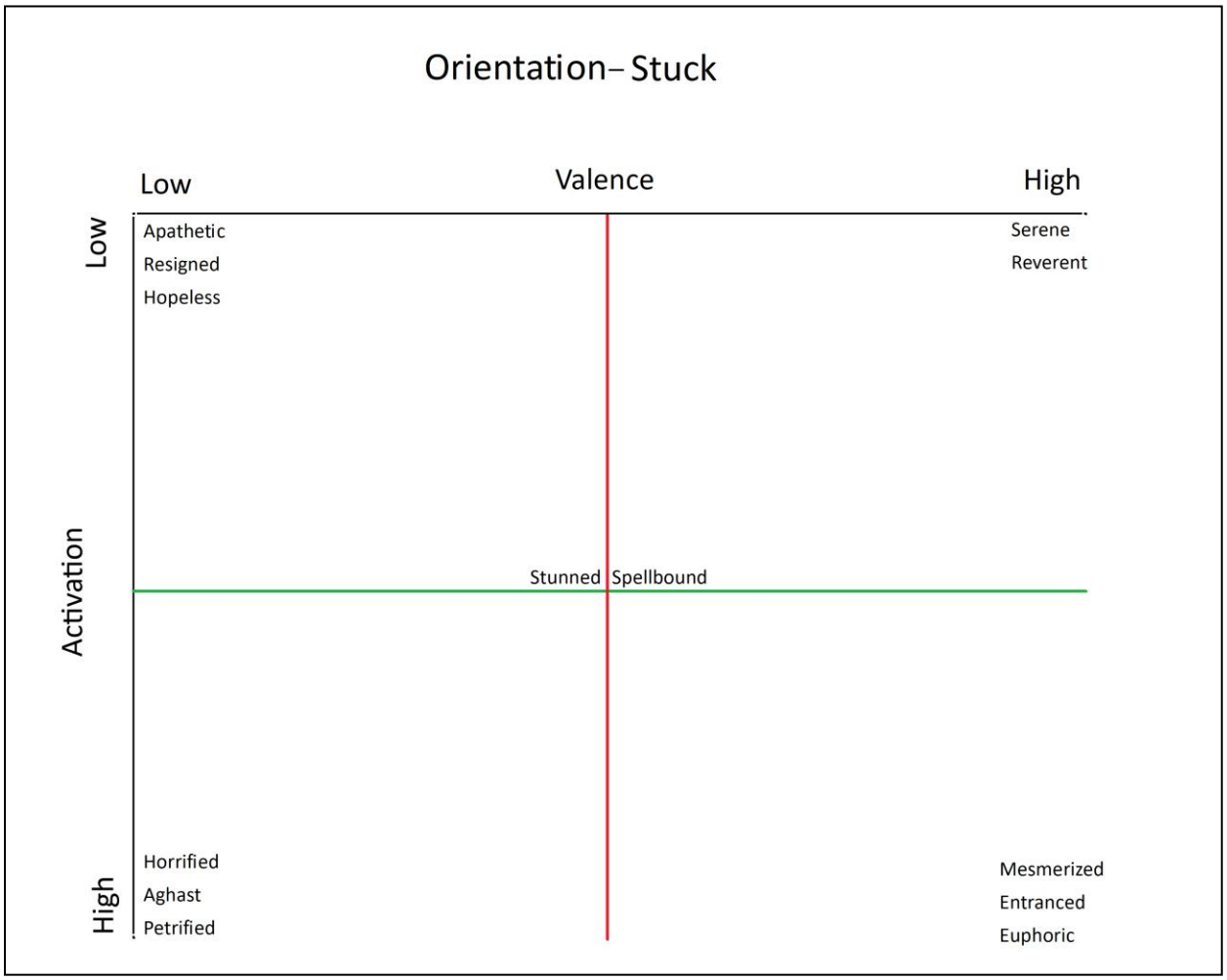
At first this appears to be a common emotions / feelings graph (such as the Circumplex Model of Affect); with fear, anger and happiness present through their extreme equivalents. However, the sadness-based states are missing, replaced with the low activation emotions of wary and uneasy instead. This is the first hint that using the V-O-A Systems to map emotions to their respective coordinates can reveal important information. Also, note how *alive* emerges in the very center of the chart.

The second graph:



The missing sadness-based emotions are present here through the more extreme terms of depressed and distraught, which implies that they are separated in nature by an internal focus. Note that in the center the word alive has been replaced with pensive, and that curiosity can naturally lead towards an external focus. This implies that while internal awareness is important and can have tranquil or blissful states associated with it an external orientation is the biologically preferred state. Because biology cannot create everything it needs from its internal layers the "preferred" orientation is outwards for acquisition purposes. Eventually the needs for food, water or interaction push the body towards external focus regardless of the available benefits from having complex internal layering.

The third graph:



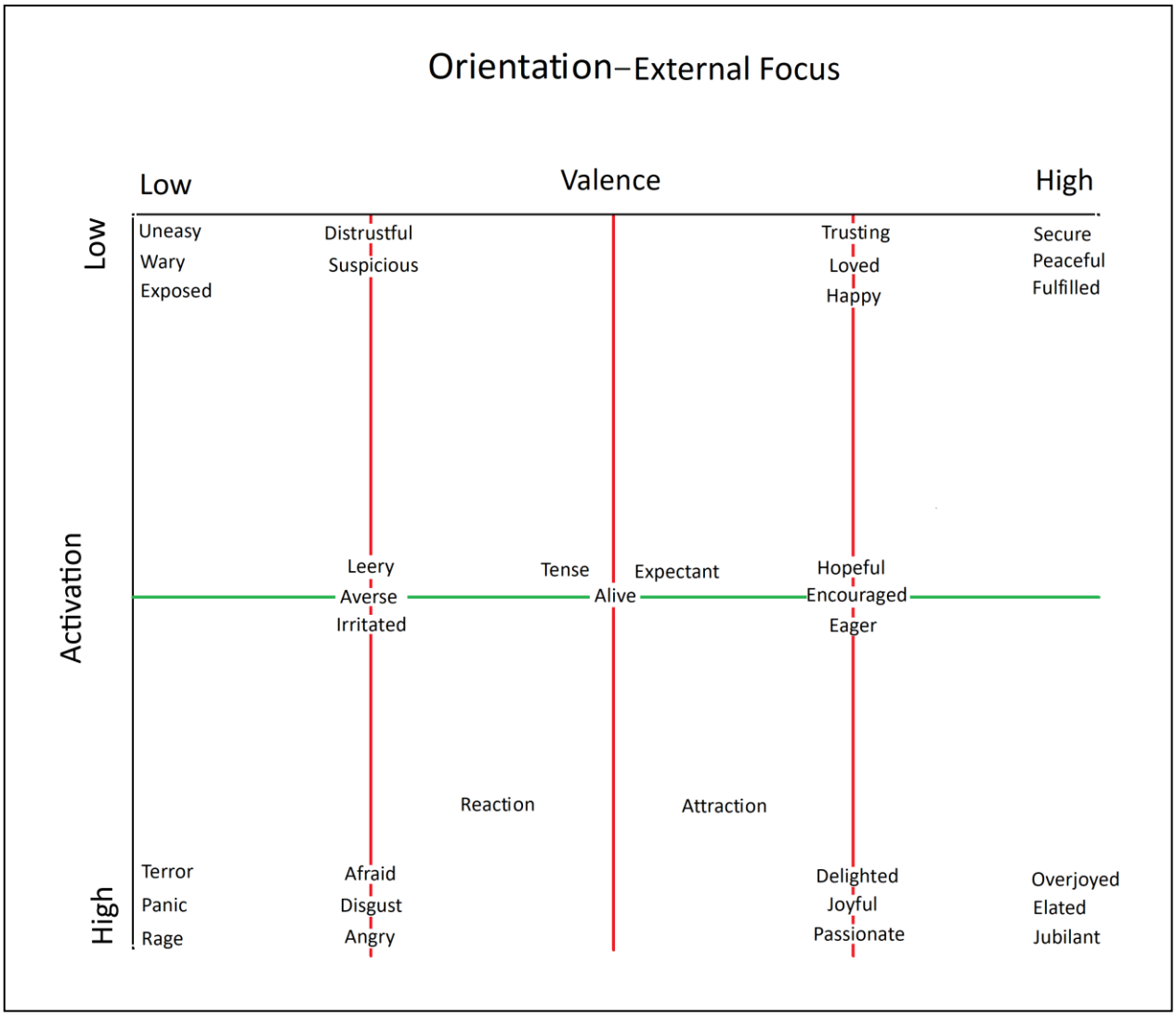
While possible to find appropriate words for these coordinates it was a difficult graph to chart and what emerges reinforces the idea that an orientation that is stuck in between internal and external focus is a rare, fleeting state of being. This may only be possible because of the 5 Layers that the V-O-A Systems operate on as noted above. The ability for any emotion to overpower both cognitive and physiological states even temporarily could be due to having multiple layers attempt to orient their focus in multiple directions at the same time. The logical conclusion would be that this orientation reflects the oscillating quadrant in the Model of Love, wherein focus is constantly fluctuating between an internal and external state as the system tries to satisfy valence through various methods and fails repeatedly.

The first revelation from reviewing these graphs is that 3 of the 4 quadrants established in the Lens section link specifically to the different orientation states. The first grid shows the “fight/flight” emotional responses that link to the first quadrant. The second grid does not show any “fawn” based responses but the collapsed sadness-based states do link to the third quadrant.

The third grid where corrective measures fail and the system must reorient matches to chronic regulation failure, which links it to the oscillating nature of the second quadrant.

This opens up a new point of interest, that these grids match the duality presented in the book “Love and Respect” by Dr Emerson where he offers advice to individuals based largely, though not exclusively, on gender. Given that the orientation “stuck” is a rare and fleeting state more aligned with oscillations than its own category, it leaves the two remaining orientations as “primary” emotional maps. Male and female, fight and fawn, safety and significance – a strong, though not absolute, element of duality in human nature has been noted as statistically relevant across the ages, including within this paper. The mechanistic root of this duality appears to lie not strictly with gender, though the additional hardwiring previously mentioned creates a biological bias, but rather within the predominant Orientation of the V-O-A Systems.

An expansion to the first grid via the addition of words at the coordinates that sit between low/medium and medium/high valence offers increased insight into human behavior:



The first point of note for this graph is that the line between med/high Valence reveals the optimal zone where the “love” section emerges. This is important because it extends the premise that “love is homeostasis” into being an ideal location within the V-O-A Systems, once again making it no longer an elusive and purely subjective experience. Because an individual is constantly shifting and moving through V-O-A, particularly with regards to activation, the optimal zone is not an achieved resting position but rather a matter of continuous regulation instead of.

The next note addresses the words Reaction and Attraction on the graph. While the word “loved” as a state of receiving is placed alongside the word “happy” in the lower activation area the feelings more commonly associated with *being* in love, the rush of romance, are higher up on the scale: hopeful, eager, delighted and passionate all require more energy to experience. Additionally, the word “alive” sits along the middle activation line not in the lower energy states and those often become associated as boring or dull. This appears to be a commonly acknowledged phenomenon; people will unconsciously reject a stable state of happiness and return to the lower valence feedback loops that create an activated Reaction.

This opens up the next point of revelation, the necessity of Attraction for a healthy system. During the evolutionary process cells developed the ability to store energy, thus activation scales must consider what is available overall and what is accessible within the moment. That biologically gated system creates a need to be capable of acquiring that stored energy when desired, and the key to do so is in purposefully cultivated attraction. For this discussion attraction is not strictly romantic in nature but rather a positive force that unlocks energy reserves to boost activation. Basically, what has the system deemed *worth* allowing the expenditure of energy? Systems naturally seek to exist in the lowest available state of energy and thus without an explicit reason for higher activation the V-O-A Systems will preferentially idle in lower energy expenditures.

The next point of note is the second line added between low/med Valence. This is a threat detection and mobilization through-line: distrustful and suspicious move to leery and irritated, and then to afraid, disgust, and anger. These emotions are quite common, due to chronically low valence conditions directly or to the temptation of the higher activation levels they grant. This line assisted in creating an Attraction template for achieving the same biological release of energy, but one that is harnessed for productivity.

Looking back at the diagrams in the Bridge and Triage sections of this paper there is a clear structure to the threat activation system, also known as a nervous system response to stress: Detection / Trigger – Mobilization – Oscillation – Resolution / Collapse. This framework can be used for Attraction based activation as well: Detection – Mobilization (Activation) – Oscillation – Resolution / Rest. The primary difference being, what is detected that is deemed worthy of mobilization. The Reaction side is a survival response with survival being an excellent reason to expend resources, but within a positive valence state something must be biologically deemed worth the expense in order to trigger a similarly affective Attraction response. Which is the previously mentioned crucial impact of the cognitive layer; focused attention alone can be motivational and while not immediately rewarding an investment can be made towards future activation results by deliberately associating a target as highly rewarding, and thus worth the release of stored energy.

While defined as not strictly romantic, attraction-based activation is strongly associated with romance due to the ease of emergence in that circumstance. Mammalian social structure hardwiring enforces co-regulation as an essential and highly rewarding system. Once in an established, regulating bond this ease allows for the re-direction of energy into other targets beyond the partner, such as: healthy diet, regular exercise, thriving career, happy family, community involvement, etc. All of which can naturally increase the romantic attraction of an individual in the eyes their partner, which in turn reinforces the positive attraction loops between the pair.

A properly harnessed attraction loop is essential for optimal living as low activation states are easily dismissed as undesirable despite ideal valence.

It is important to clarify that fully integrating the Model of Love, the V-O-A Systems and V-O-A Layers is a complex process. Safety as a need links to Valence as one of the axes for the creation of the grids, but Safety as one of the 4 Quadrants links to the external orientation grid presented above, and Safety as a step links to the combined physiological layer as well.

Focusing on the integration of the axes; the non-linear model states that Safety and Significance must pass in a circuit between two people in order to acquire a state of love. Orientation acts as the flow of the circuit: the process of receiving and giving are external orientations while internalizing the needs through the 5 Layers is an internal orientation. Safety links to Valence, providing for the stabilization and regulation of needs. Significance links to Activation, as someone who is considered worthy of energy expenditures. If this flow passes between two people in a steady circuit, then both can co-regulate into a state of mid-high valence with mid-high activation as their normal baseline.

For integration with the 5 condensed Layers: Safety links to the combined physiological layer, Connection links to the mammalian emotional layer, and Significance links to the cognitive “identity” and narration layer. Finally, the integration of the Model of Love specifically to the Orientations was outlined above.

While initially dense because of the way everything overlaps, this framework can aid in targeted treatment by reducing unnecessary complexity. For quick reference:

1. Safety – Valence, External Focus, Physiological Layer
2. Connection – Orientation, Stuck, Mammalian Layer
3. Significance – Activation, Internal Focus, Cognitive Layer
4. Love – Optimally Balanced V-O-A Systems

Despite the overwhelming diversity of possible expressions, the 4 steps themselves are fundamental; much like carbon acts as the foundation for complex construction in everything from trees to metal to human beings.

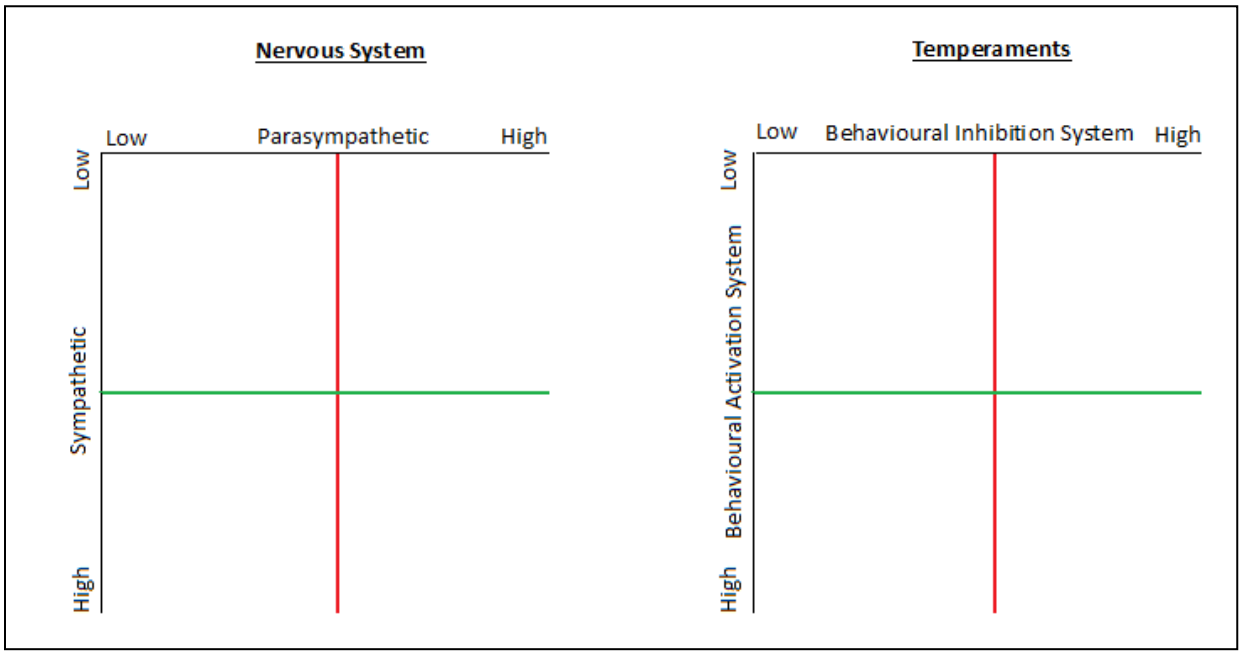
Tracking Recovery

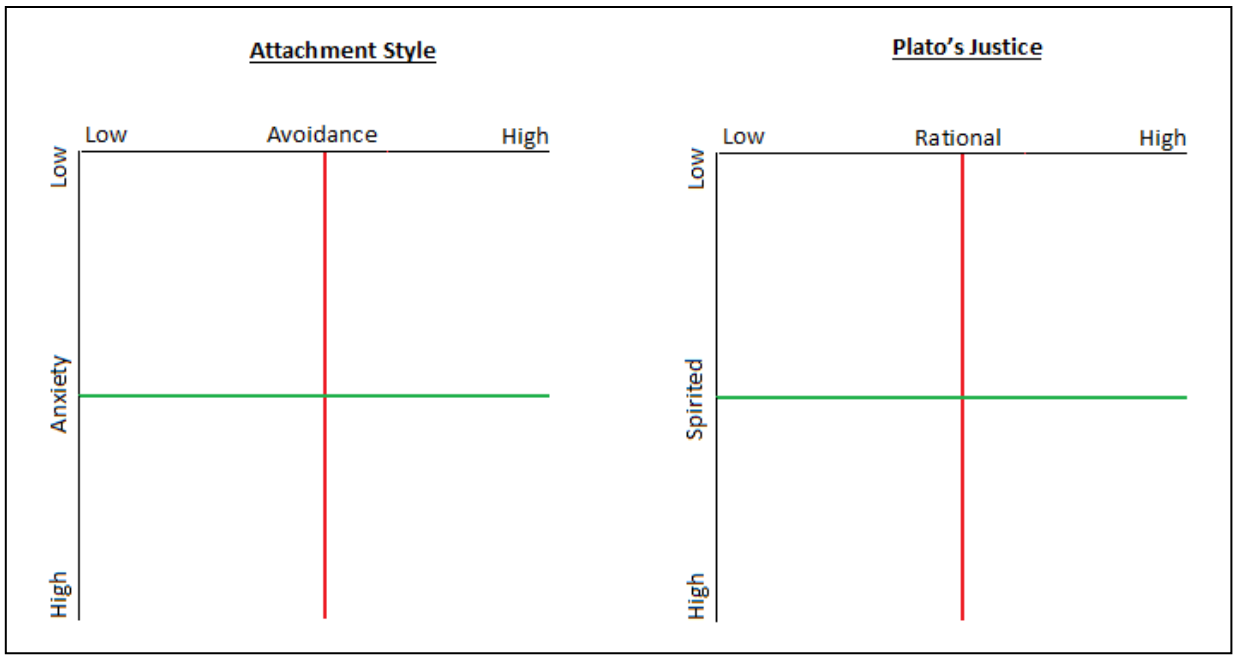
By using the information outlined in this paper a definition for what the standard of successful completion of therapeutic treatment ought to be, as well as a guideline for tracking the recovery process can be achieved.

Starting with the completion standard. The previously stated definition of love is "it is the subjective perception of positive stimulation rooted in the biological state of homeostasis. Or for simplicity - love is a state of homeostasis." Which was further substantiated by mapping emotion words onto grids via the V-O-A Systems in the previous section. However, as the grids and the Model of Love display, love is not a stable state that can be obtained permanently. It is the result of continuous regulation successfully applied across the individual's regulatory network. Therefore, while a state of love can be an excellent symptom of successful regulation, it itself cannot become the optimal standard to mark the completion of treatment.

My proposed definition for that standard is, the ability for the V-O-A Systems to effectively and efficiently stabilize each of their Layers in tandem.

Moving to tracking the recovery process; the 8 pre-existing models used earlier in this paper are once again valuable, this time for what they reveal about healthy regulation. 2 of the models do not have a clear 4th quadrant which leaves 6 for triangulation to gain information on what a healthy recovery would look like: Ventral Vagal, Phlegmatic, Secure Attachment, Ambiversion, Justice and Anahata. Upon a general overview they all have two things in common. First, each description centers around aspects that have been clearly linked to love in this paper, hence it is useful for detecting when proper regulation has been achieved. Secondly, they appear to be defined as much by what they are Not as by what they are; the 4th quadrant is repeatedly shown as a proper balance between other axes rather than a stand-alone factor. See following 2 diagrams:





While the axes not identical in nature between these grids nor the CIC model, the similarities are distinct.

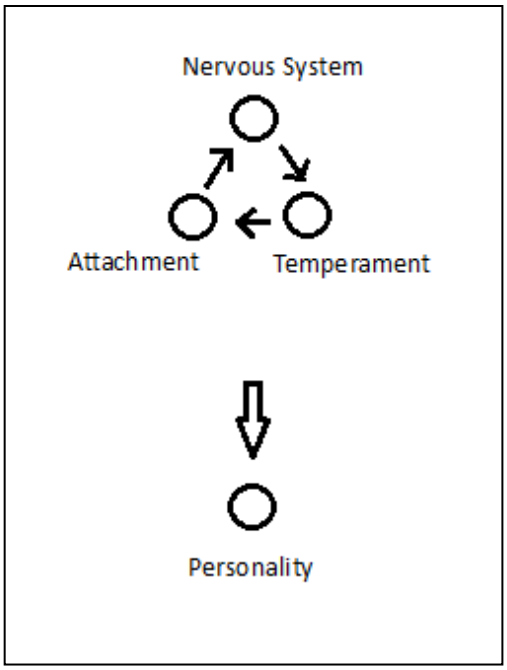
As a speculative interpretation I added Plato's model to the diagram above. While he does not distinctly frame his work around two axes, he does frame his hierarchy as Rational being the primary with Spirited's support in order to rule over Appetitive. Because in earlier sections Appetitive was linked to connection, and thus to orientation, the other two fit neatly as axes in this polarity demonstration. Rational aligns with safety and inhibition, and Spirited aligns with Activation.

Additionally, the granted an interesting insight; a majority of the models appear to target one layer of the human experience respectively. As follows:

The physiological layer; consisting of the molecular (DNA), the cellular and the human body. Polyvagal Theory links directly to this layer as it focuses primarily on the body. I understand the 4 personalities as behavior patterns generated by predominant, and largely unresolved, nervous system activation states which places that model here as well.

The mammalian/social layer. Attachment styles link directly to this layer as they are entirely relational. The common understanding of introvert / extroverts as social patterns tags the Temperaments as primarily relational as well.

The mental/narrative layer. I added both of the final models here primarily due to the cognitive driven nature of them, using the mind over body principal. Plato's model of the 3 parts of the soul places Rational as the primary in its hierarchy. The 7 Chakras are often framed as targeted meditation efforts that directly affect bodily states. However, both of them represent the most functional models as they work across all layers rather than focusing selectively.



A notable factor is that while it is possible to target these layers separately in order to track recovery, they are heavily entangled in their execution. Thus, I propose a Regulation Identity Model like so:

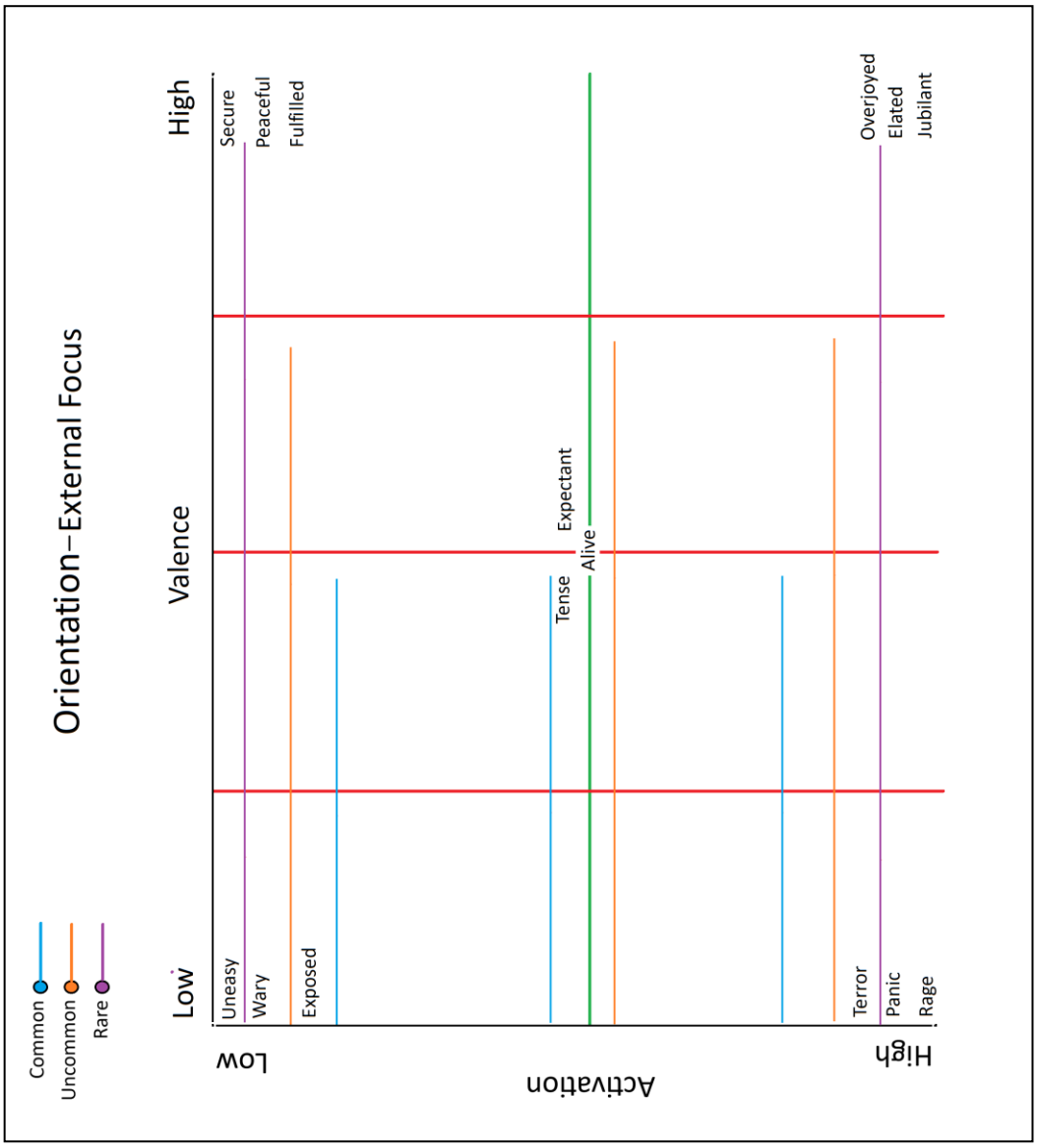
One's temperament acts as an expression of their nervous system baseline, which directly affects the dynamic interaction outcomes known as attachment styles. This cycle over time creates entrenched behaviors known as personality.

To elaborate: the nervous system largely determines an individual's physical state through the stress response system. The temperament of an animal refers to the outward expression of their internal wiring and states, how they: react to stimuli, their sensitivity threshold, their recovery speeds, and their overall reactivity vs chill. Which sounds a lot like a capacity for self regulation. Returning to humans and the 4 temperaments; this directly impacts the individual's attachment style as the external factor now works with, or makes attempts regardless of, the expressed temperament which creates either an attuned or failed regulation attempt. That returns the cycle back to the nervous system. The repetition of this loop determines the entrained attachment "style", by which an insecure style can be retrained with effort into a secure style or a secure style through repeated dysregulation exposure into an insecure style. And the habitual behaviors expressed as regulatory success or the maladaptive strategies of dysregulated states over time become known as the 4 "personalities"

Returning to the V-O-A Layers as listed above; with specific goalposts now in place there are likely a plethora of methods/tools that could be utilized for tracking the individual layers during the recovery process. I reviewed a few examples, without deep diving each one specifically, in order to suggest options for a starting point. Heart rate variability, blood pressure, qEEG scans, and other stress response tracking systems for the physiological layer. The Adult Attachment Interview and John Gottman's interaction coding systems, notably the Specific Affect Coding System (SPAFF) and Rapid Couples Interaction Scoring System (RMICS), for the mammalian layer. The Implicit Association Test, Jung's Word Association Test, and the Emotional Stroop Test, etc for the narrative layer. I deliberately avoided self reporting methods but those are an additional option for collecting data.

An interesting note is that the methods for the 2nd and 3rd layers appear to follow the Regulatory Identity Model above in that they rely on tracking the physical delivery of responses to identify subconscious narrative patterns; aka how something is said rather than what is said.

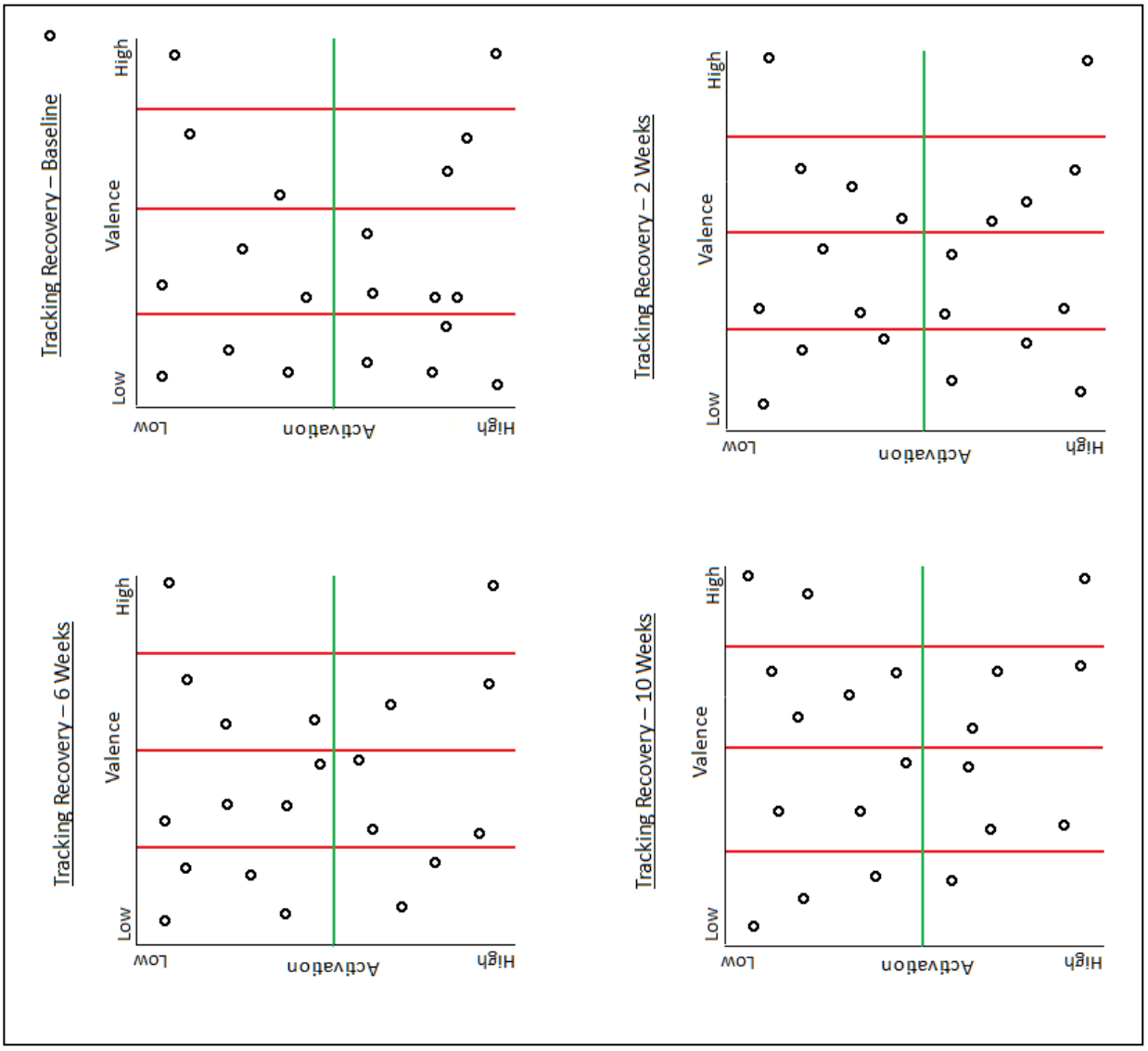
To contribute to those options I have made a modification to the graph shown in the Mechanism section in order to use emotions themselves as markers for tracking recovery.



To avoid clutter I laid the new frequency lines over graph that does not include the additional two red lines. If needed, please return to the Mechanism section for reference.

This framework can now be used to chart emotions / feelings over a set period of time and then, through regular comparison to detect fluctuations vs stable shifts one can track the recovery process. As an example, this graph charts what I believe is a current general trend, with emotions such as: peaceful, elated and fulfilled being marked as rare; trusting, eager and joyful being marked as uncommon; and distrustful, tense, and angry being marked as common.

Because emotions are bodily feelings plus narrative labeling, the tracking of emotions is actually the tracking of the V-O-A States. Any notable shift over time could show the improvement of the V-O-A Layers gaining dynamic responsive capability, moving towards homeostasis as the ideal baseline. Below is a fabricated example of what this tracking tool could look like in practice.



One potential flaw in the execution of this method is the probability that there will be confusion regarding certain definitions. I have found several examples myself where the miscommunication of intent happens because of misunderstanding the meaning of words, and am sure that this is relevant among others as well. For example, I discovered that “I am sorry” does not necessarily communicate empathy and a desire to make reparations with the other person but rather communicates “I am afraid” instead. By failing to chart this data as fear because “I am sorry” is typically associated with other emotions such as guilt or love, it could complicate the tracking

process. Thus, once again this is a tool that would be more effective when used in a combined tracking framework.

In summary:

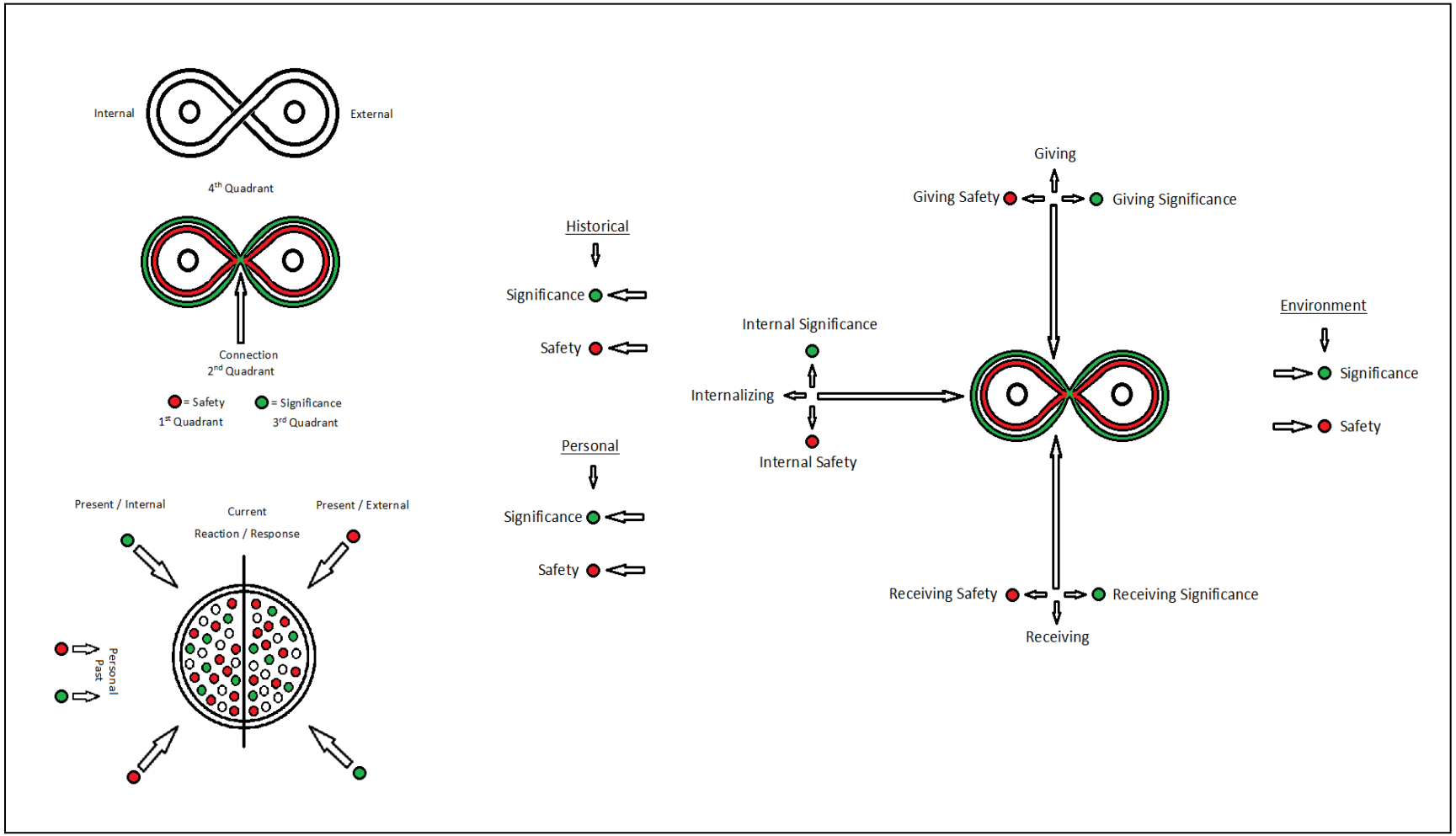
Due to the structural complexity of the requirements for tracking an individual's recovery process it may take some effort to ascertain the combination of the pre-existing methods and tools for maximum success. However, with the finish line as the proposed completion standard and goalposts as the 4th quadrant models now established this is a viable option to offer those struggling with mental health issues a sense of progress and hope. I believe that this will help combat the ongoing stigma around the subject by showing that while one never becomes invulnerable one *can* return to an optimal state of living. If most mental health diagnoses are reframed as physical health issues, then they are treatable and thus need not be considered a life's sentence.

To conclude this paper:

The final thing to address would be the idolization of the word, love. If people worry that changing love from something intangible, elusive, and magical into something physical that is "easy" to obtain, maintain, and thus becomes repeatable with multiple people makes it "cheap", then there may be pushback on how these adjustments are accepted. Thus, I want to emphasize that what makes love special is in fact the 3rd flow of the Model of Love, the act of giving - reframed as the act of choosing. If one could experience love with many people then the act of choosing a single person (or a select few for non romantic relationships) with which to do so is what makes it special. Love itself hogs the spotlight as being "the reason for living" but frankly, it is not. A long term, loving *relationship* is because without that either love itself doesn't exist at all or it dysregulates quickly. The 10th, 20th and 50th anniversaries where a partnership has steadily regulated each person and both have spent their time being the very best that they each can be? That is what ought to have the spotlight, that is what ought to be immortalized in poems and songs:

"I love you" means "I choose you".

Appendix A: Crystalline Infinity Circuit Full Diagram



Appendix B: Integration Guide

Lens Foundation:

1. Safety - X not available, Avoidant, Choleric, Introversion, Rational, Root
2. Connection - I am different, Disorganized, Melancholic, Omniversion, Appetitive, Sacral
3. Significance – I am not enough, Anxious, Sanguine, Extraversion, Spirited, Solar Plex
4. Love – None, Secure, Phlegmatic, Ambiversion, Justice, Heart

Combined With Bridge:

1. Safety - X not available, Avoidant, Choleric, Introversion, Rational, Root; Dorsal, Fight/Flight
2. Connection - I am different, Disorganized, Melancholic, Omniversion, Appetitive, Sacral; Oscillation
3. Significance – I am not enough, Anxious, Sanguine, Extraversion, Spirited, Solar Plex; Sympathetic, Fawn/Freeze
4. Love – None, Secure, Phlegmatic, Ambiversion, Justice, Heart; Ventral Vagal, Social State

Combined With V-O-A:

1. Safety - X not available, Avoidant, Choleric, Introversion, Rational, Root; Dorsal, Fight/Flight; Valence, External Focus, Physiological Layer
2. Connection - I am different, Disorganized, Melancholic, Omniversion, Appetitive, Sacral; Oscillation; Orientation, Stuck, Mammalian Layer
3. Significance – I am not enough, Anxious, Sanguine, Extraversion, Spirited, Solar Plex; Sympathetic, Fawn/Freeze; Activation, Internal Focus, Cognitive Layer
4. Love – None, Secure, Phlegmatic, Ambiversion, Justice, Heart; Ventral Vagal, Social State; Optimally Balanced V-O-A Systems

Linear Model:

1. Safety – Avoidant, Introversion, Dorsal, Valence, Physiological Layer
2. Connection – Disorganized, Omniversion, Oscillation, Orientation, Mammalian Layer
3. Significance – Anxious, Extraversion, Sympathetic, Activation, Cognitive Layer
4. Love – Secure, Ambiversion, Ventral Vagal, Balanced V-O-A

Non-Linear Model:

1. Safety – X not available, Choleric, Fight/Flight, External Focus
2. Connection – I am different, Melancholic, Oscillation, Stuck
3. Significance – I am not enough, Sanguine, Fawn/Freeze, Internal Focus
4. Love – None, Phlegmatic, Social State, Balanced V-O-A

Appendix C – Reframing Mental Health Issues

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) organizes into major diagnostic categories:

1. Neurodevelopmental Disorders
2. Schizophrenia Spectrum and Other Psychotic Disorders
3. Bipolar and Related Disorders
4. Depressive Disorders
5. Anxiety Disorders
6. Obsessive-Compulsive and Related Disorders
7. Trauma- and Stressor-Related Disorders
8. Dissociative Disorders
9. Somatic Symptom and Related Disorders
10. Feeding and Eating Disorders
11. Elimination Disorders
12. Sleep-Wake Disorders
13. Sexual Dysfunctions
14. Gender Dysphoria
15. Disruptive, Impulse-Control, and Conduct Disorders
16. Substance-Related and Addictive Disorders
17. Neurocognitive Disorders
18. Personality Disorders
19. Paraphilic Disorders
20. Other Mental Disorders
21. Medication-Induced Movement Disorders and Other Adverse Effects of Medication
22. Other Conditions That May Be a Focus of Clinical Attention

In terms of reframing mental health issues as physical health issues, as in what is rooted in the nervous system and thus could be altered to the point of resolution through use of the CIC model, the list above can be broken down into 4 categories and tally as:

- Hardwiring (structural): ~3
- Regulation (functional): ~10
- Combined: ~6
- Other: ~3

Hardwiring / Structural Disorders:

Where the CIC is unlikely to directly aid recovery: primary dysfunction is rooted in persistent brain structure, development, or degeneration.

- Neurodevelopmental Disorders
- Schizophrenia Spectrum & Other Psychotic Disorders
- Neurocognitive Disorders

Regulation / Functional Disorders:

Where the CIC Model should directly aid recovery: symptoms are driven by modifiable nervous system dynamics (emotion regulation, learning, feedback loops).

- Personality Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Feeding and Eating Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Substance-Related and Addictive Disorders
- Somatic Symptom and Related Disorders

Combined:

Where the CIC Model may still assist with management/recovery: contains both biological constraints and modifiable regulatory dynamics.

- Bipolar and Related Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Elimination Disorders
- Paraphilic Disorders

Other:

- Other Mental Disorders
- Medication-Induced Movement Disorders and Other Adverse Effects of Medication
- Other Conditions That May Be a Focus of Clinical Attention

Disclaimer: This section was generated with the assistance of ChatGPT solely to provide a general example of reframing mental health issues. It is not intended as a clinically validated framework nor do I claim in-depth expertise in the DSM or the conditions listed. The categorizations presented are illustrative and may require refinement for clinical accuracy.